

CLAIMS ONLY

Application Number

Applicant(s)

* May be used for a

| CLAIMS | Indep | Depend | Indep | Depend | Indep | Depend | Indep |
|--------------|-------|--------|-------|--------|-------|--------|-------|
| 1 | 1 | | 1 | | | | 51 |
| 2 | 1 | | 1 | | | | 52 |
| 3 | 1 | | 1 | | | | 53 |
| 4 | 1 | | | | | | 54 |
| 5 | 1 | | | | | | 55 |
| 6 | 1 | | 1 | | | | 56 |
| 7 | 1 | | 1 | | | | 57 |
| 8 | 1 | | 1 | | | | 58 |
| 9 | 1 | | 1 | | | | 59 |
| 10 | 1 | | 1 | | | | 60 |
| 11 | 1 | | 1 | | | | 61 |
| 12 | 1 | | 1 | | | | 62 |
| 13 | 1 | | 1 | | | | 63 |
| 14 | 1 | | 1 | | | | 64 |
| 15 | 1 | | 1 | | | | 65 |
| 16 | 1 | | 1 | | | | 66 |
| 17 | 1 | | 1 | | | | 67 |
| 18 | 1 | | 1 | | | | 68 |
| 19 | 1 | | | | | | 69 |
| 20 | 1 | | 1 | | | | 70 |
| 21 | 1 | | 1 | | | | 71 |
| 22 | 1 | | 1 | | | | 72 |
| 23 | 1 | | 1 | | | | 73 |
| 24 | 1 | | 1 | | | | 74 |
| 25 | 1 | | 1 | | | | 75 |
| 26 | 1 | | 1 | | | | 76 |
| 27 | | | | | | | 77 |
| 28 | | | | | | | 78 |
| 29 | | | | | | | 79 |
| 30 | | | | | | | 80 |
| 31 | | | | | | | 81 |
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| 47 | | | | | | | 97 |
| 48 | | | | | | | 98 |
| 49 | | | | | | | 99 |
| 50 | | | | | | | 100 |
| Total Indep | 4 | | 4 | | 3 | | |
| Total Depend | 21 | ← | 18 | ← | 14 | ← | |
| Total Claims | 25 | | 23 | | 17 | | |

CLAIMS ONLY

09/216483

Application No.

Applicant(s)

* May be used

| CLAIMS | 416-05 | | | | | |
|-----------------|--------|--------|-------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | 1 | | | | | |
| 8 | | | | | | |
| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | | 1 | | | | |
| 13 | | 1 | | | | |
| 14 | | 1 | | | | |
| 15 | | 1 | | | | |
| 16 | 1 | | | | | |
| 17 | | 1 | | | | |
| 18 | | 1 | | | | |
| 19 | | | | | | |
| 20 | 1 | | | | | |
| 21 | | 1 | | | | |
| 22 | | 1 | | | | |
| 23 | | 1 | | | | |
| 24 | | 1 | | | | |
| 25 | | 1 | | | | |
| 26 | | 1 | | | | |
| 27 | | 1 | | | | |
| 28 | | 1 | | | | |
| 29 | | 1 | | | | |
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| 47 | | | | | | |
| 48 | | | | | | |
| 49 | | | | | | |
| 50 | | | | | | |
| Total Indep | 3 | | | | | |
| Total Depend | 17 | | | | | |
| Total Claims | 20 | | | | | |